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## STATEMENT OF

FORM 1	ORGANIZATION							Office Use Only									
NAME OF COMMITTEE (in	n full)		Check if name s changed)		Example:		g, type		12	FE4	м5						
NORTH AI	MERIO	CANI	MEAT A	SSC	CIA	ΤΙΟ	N	РД	C		<u>                                     </u>			<u>                                     </u>			Ш
		1970 BR	ROADWAY														
ADDRESS (number and street)  (Check if address is changed)		SUITE 8															Ш.
		OAKLA							L CA			94612	2				Ш.
											l						
		CITY							STATE					ZIP CODE			
COMMITTEE'S E-MAIL ADDRES  (Check if address is changed)			provide only o	ne e-mail	address)			1 1							1 1		. 1
COMMITTEE'S WEB	PAGE ADI	DRESS (U	RL)														
(Check if address is changed)																	Ш
2. DATE 07	M / D 01		2012														
3. FEC IDENTIFIC	CATION NU	JMBER	С	C0030	1671												
4. IS THIS STATE!	MENT	NEW	(N) OF	₹	×	MEND	ED (A	۸)									
I certify that I have e	examined th	is Stateme	ent and to the	best of n	ny knowle	edge ar	nd beli	ef it i	s true	e, cor	rect	and c	omple	te.			
Type or Print Name	of Treasure	HENRY	B MEYER														
Signature of Treasure	HENRY er	B MEYER			[Elec	tronical	ly Filed	d] [	Date	ľ	05	/	16	] ′ [	Y Y 2	2012	
NOTE: Submission of			omplete informa	-	•		-	-				the pe	nalties	of 2	U.S.O	C. §4	37g.
Office Use Only					Federa Toll Fi	erther in al Election ee 800-4 202-694-	n Comi 124-953	missior					<b>EC</b> Revise				